



Atty. Dkt. No. 15-NM-5334 (070191-0251)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Balloni et al.

Title: **METHOD AND APPARATUS
FOR REMOTE OR
COLLABORATIVE CONTROL
OF AN IMAGING SYSTEM**

Appl. No.: 09/745,320

Filing Date: 12/21/2000

Examiner: Lezak, Arrienne M.

Art Unit: 2143

CERTIFICATE OF EXPRESS MAILING
I hereby certify that this correspondence is being deposited with the
United States Postal Service's "Express Mail Post Office To
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1450, Alexandria, VA 22313-1450.

EV 633079251 US 7/6/05
(Express Mail Label Number) (Date of Deposit)

Carolyn Simpson

(Printed Name)

Carolyn Simpson
(Signature)

REPLY TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	=	Extra Claims Present	x	Rate	=	Additional Claims Fee
Total Claims:	76	-	76	=	0	x	\$50.00	\$0.00
Independent Claims:	5	-	5	=	0	x	\$200.00	\$0.00
First presentation of any Multiple Dependent Claims:			+				\$360.00	\$0.00
					CLAIMS FEE TOTAL	=		\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

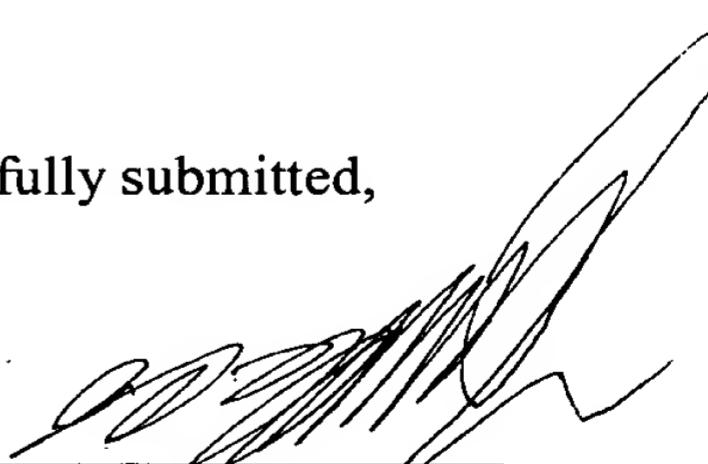
<input type="checkbox"/>	Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-0845. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By



Date 11/6/2005

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Marcus Burch
Attorney for Applicant
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07-07-05

AF
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Carolyn Simpson

(Printed Name)

Carolyn Simpson

(Signature)

REPLY UNDER 37 CFR 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Final Office Action dated April 6, 2005, concerning the above-referenced patent application.

Remarks/Arguments begin on page 2 of this document.

Please amend the application as follows: